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APPLICANTS

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** CONTINUING DATA ***** None *707*** FOREIGN APPLICATIONS ***** None *707*

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Met after Allowance	STATE OR COUNTRY MI	SHEETS DRAWINGS 8	TOTAL CLAIMS 20 17	INDEPENDENT CLAIMS 1
Verified and Acknowledged	/HAROLD A HOTELLING/ Examiner's Signature		Initials					

ADDRESS

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TITLE

Establishment and enforcement of policies in packet-switched networks

FILING FEE RECEIVED 611	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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